

# From populism to population healthcare

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What follows populism? As we bid farewell to 2016 and wonder what 2017 might bring, the answer may well be more populism? From Europe to America, university-educated elites appear to have lost touch with people recently dispossessed by our age of Internet technologies and economic upheavals. Dispossessed or not, the Internet revolution continues apace and a commentary this month proposes how to catalyse information technology innovation in the NHS.<sup>1</sup>

While the reasons for Brexit and Donald Trump's presidential victory in the United States were complex, a theme of both 'elections' was a difference in voting habits based on educational level. The nature of this trend requires further analysis since opinion polls were misleading and we need to see data adjusted for other possible explanatory variables, like social class and gender.

One question is whether an educated elite that flourishes in our globalised, interdependent planet, is able to understand the lives of people who aren't actively engaged in the modern world? Education, globalisation and interdependence are all to be encouraged. But this inequality of opportunity is disturbing our societies in an unexpected way. These interpretations of election results are being enthusiastically supported but a new translation of Francis Bacon reminds us to curb our enthusiasm: 'an error ever present in, and peculiar to, human understanding is that it is more moved and excited by an affirmative than a negative'.<sup>2</sup>

Doctors are fortunate to straddle the worlds of the privileged and the dispossessed in our professional

lives, which creates an opportunity for us to help heal divisions. General practitioners, in particular, can be agents for social cohesion at the community level. Indeed, learning some generalist skills would benefit all doctors and might be a worthwhile product of a training idea proposed by Ahmed Rashid and Nishma Manek.<sup>3</sup> Since all general practitioners spend time training in hospital specialties, why shouldn't all doctors training to become hospital specialists also work for a time in primary care?

Muir Gray might wish for population healthcare to follow populism. He explains the concept in an introductory commentary this month that kicks off a collection of more in-depth articles.<sup>4,5</sup> It promises to be an unmissable series that will change the way you think about healthcare and help you better understand the people you serve and how to serve them.

## References

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3. Rashid A and Manek N. Making primary care placements a universal feature of postgraduate medical training. *J R Soc Med* 2016; 109: 461–462.
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5. Gray M. Designing healthcare for a different future. *J R Soc Med* 2016; 109: 453–458.